Medical Communications for Combat Casualty Care (MC4) Account Request

Name: _____   Grade \ Rank: _____

SSN: _____   DOB: _____

Department: _____   Position: _____

MC4 Platform Required: AHLTA-T _____   TC2 _____

Requestor Signature: _____   Date: _____

Supervisor Name (Printed): _____

Supervisor Signature: _____   Date: _____

IMO Approval: _____   Date: _____

HIPPA Certification Date: _____
(certification can be found at: https://mhslearn.satx.disa.mil/ilearn/en/learner/jsp/default.htm).
MUST ATTACH CERTIFICATE

Information Assurance Training Date: _____
(certification can be found at: https://ia.signal.army.mil/courses.asp)

- -

Domain User Name: _____

AHLTA-T User Name: _____

TC2 User Name: _____

Password: ___QWerty12#$5678_____